

NOTICE OF _____ OF PUBLIC ASSISTANCE _____

Date Mailed _____ Worker Number _____ District Number _____ Phone Number _____

COUNTY CASE NUMBER _____

CASE ID _____

AID PROGRAM CATEGORY _____

This letter is to notify you of a change which is about to take place in your assistance.
Please read all the information provided carefully because it is very important to you.

THE CHANGE WHICH WILL TAKE PLACE:

WHY THE CHANGE WILL BE MADE:

WHEN THE CHANGE WILL BE MADE:

If this notice says "**TIMELY**" in the upper right corner: If the change is for Work First Family Assistance, Refugee Assistance, Medicaid, or Special Assistance; and if you ask for a hearing on or before the date the change will be made, you can choose to continue to receive benefits at the present level until the first hearing decision is made.

If this notice says "**ADEQUATE**" in the upper right corner: If the change is for Special Assistance and you ask for a hearing within 10 workdays of the Effective Date (above), you can choose to continue benefits at the present level until the first hearing decision has been made. If the change is about Medicaid and you appeal the action, you may not request continued benefits.

If you choose to have your Work First Family Assistance or Refugee Assistance continued and the hearing shows that the changes were correct, you must repay the benefits you received while waiting for the hearing decision. If you choose to have your Medicaid or Special Assistance continued and the hearing shows that the changes were correct, you may have to repay benefits you received while waiting for the hearing decision. If you choose not to have benefits continued and the hearing decision is in your favor, you will receive retroactive benefits to cover the benefits you missed.

YOUR RIGHT TO A HEARING AFTER THE CHANGE IS MADE:

Even after your benefits stop or are changed, you have sixty (60) calendar days, that is, until _____, to ask for a hearing. If you do not ask for a hearing by then, you cannot have a hearing.

PLEASE READ THE INFORMATION PROVIDED WITH THIS FORM. IT IS IMPORTANT TO YOU.